CLAIMS A	S FILED - PART	Carrier Control	SMALL ENT		OTHER	
OTAL CLAIMS	(Column 1)	(Column 2)	TYPE	FEE	SMALL	FEE
	16	MUMBER EXTRA	PACIC FEE S		RATE PARIC REF	740.00
OR	MAKBER FILED		- Cree	OR OR		740.00
UTAL CHARGEABLE CLAIMS	16 - mtnus 20=		X\$ 9-	OR	X\$18=	
IDEPENDENT CLAIMS	4- minus 3 =		X42-	OR	XB4a	84
RULTIPLE DEPENDENT CLAIM P	RESENT		+140=	OR	+290=	
If the difference in column 1 is	less than zero, enti	er *0* in cotumn 2	TOTAL	OR		824
	AMENDED - PAI		TOTAL E		OTHER	
-6-06 (Column 1)	1.55	umn 2) (Column 3)	SMALL EN	MITY OR	SMALL	
CLAIMS REMADDING	PREV	MEER MOUSLY D FOR		ADOI- IONAL FEE	RATE	ADDI- TRONAL FEE
AFTER AMERICAMENT Total:	The second second	20	X\$ 9-	OR	X\$18=*	4.37.
independent • 6	Minus	4 - 2	X42a		100	
FIRST PRESENTATION OF M	ILLTIPLE DEPENDE			OA.		300 ·
· otulos		4.5. <u>—</u>	+140=, '	OR	+280=	
:814/04			ADOIT, FEE	OR	ADDIT FEE	Y00.
(Column 1)		umn 2) (Column 3)				
REMAINING AFTER AMERICANENT	NA PRE	MASEA PRESENT VIOUSLY EXTRA ED FOR		ADOI: YONAL FEE	RATE	TIONAL
Total • 9	Minus ••	20 - W	X\$ 9-	OR	X\$18=	
Independent -	Minus -	6 - 4	XXEC	OR	X94-	200
FIRST PRESENTATION OF A	IULTIPLE DEPENDE	NT CLAIM				~~
•			+140=	OR	+250-	
11110			ADDIT. FEE	OR	ADDIT. FEE	ــــــــــــــــــــــــــــــــــــــ
TOOMsmn 1)		urro 2) (Column 3)	1		-	
REMARKING AFTER AMERICALENT	PRE	MARSEN VIOLISLY DO FOR		ADDI- IONAL FEE	RATE	TIONA FEE
	Minus -	20 -1	X3 9.	OR	X\$18-	.:.
Total • (/) Independent • —	Minus \	3	¥42a · ·		- X84=	
Total ' • (/)	Minus \	3	X42:	OR	· X84=	-

Amilication or Docket Number